



Please return to: Mary Jackson 336.373.2544

Vendor No. \_\_\_\_\_

The Internal Revenue Service requires that we file FORM 1099 Misc. (statement for recipients of miscellaneous income) to report payments to all persons engaged in trade or business receiving total payments of \$600 or more in any tax year in the course of their business. In order to comply with the IRS rules, you must furnish your taxpayer identification number OR social security number in Section C and identify your type of business in Section D. If you fail to furnish your taxpayer identification number or social security number, or if you provide an invalid number, IRS law requires that we withhold taxes totaling 28% of all payments we make to you. In addition, if you have not provided us with your correct taxpayer identification number, you may be subject to a \$50 penalty imposed by the IRS. Please complete all sections below and return this form to the address noted above as soon as possible.

Check this box ☐ if you are NOT subject to backup withholding under the provisions of Section 3406 of the Internal Revenue Code.

**SECTION A – Remittance Address for Payments to You:**

Individual or Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**SECTION B – Purchase Order Information:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**SECTION C – Identifying Number for the IRS:**

**OR** Taxpayer Identification Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**SECTION D – The ONE category which best describes your company:**

- |   |  |
|---|--|
| <input type="checkbox"/> Individual         | <input type="checkbox"/> Attorney (even if incorporated)                                 |
| <input type="checkbox"/> Sole Proprietor    | <input type="checkbox"/> Provides Rental Property <b>to</b> City of Greensboro           |
| <input type="checkbox"/> Partnership        | <input type="checkbox"/> Health care or medical services provider (even if incorporated) |
| <input type="checkbox"/> Estate             | <input type="checkbox"/> Corporation   |
| <input type="checkbox"/> Sports Official    | <input type="checkbox"/> Tax Exempt Organization   |
| <input type="checkbox"/> Coliseum Performer | <input type="checkbox"/> Other (describe) _____  |

**SECTION E – Race (please check only one):**

- |   |                                   |  |   |
|---|-----------------------------------|--|---|
| <input type="checkbox"/> Caucasian Male   | <input type="checkbox"/> Female   | <input type="checkbox"/> American Indian         | <input type="checkbox"/> Asian American |
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other (please describe) | _____                                   |

**Section F – Primary Type of Business (Check One)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Manufacturer                               | <input type="checkbox"/> Factory Representative | <input type="checkbox"/> Wholesale Retailer |
| <input type="checkbox"/> Retailer                                   | <input type="checkbox"/> Construction           | <input type="checkbox"/> General Contractor |
| <input type="checkbox"/> Limited Contractor (please describe) _____ |   |   |
| <input type="checkbox"/> Service (please describe) _____            |   |   |
| <input type="checkbox"/> Other (please describe) _____              |   |   |

***I certify that the information provided above is true, correct, and complete.***

Written Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Signature: \_\_\_\_\_ Title: \_\_\_\_\_